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NEW HAMPSHIRE DEPARTMENT OF STATE

| TATE OF |              | STATE OF NEW HAMPSHIRE                |
|---------|--------------|---------------------------------------|
|         |              | 2018 Statement of Income and Expenses |
| KINE I  |              | for LOBBYISTS                         |
|         |              | (RSA Chapter 15)                      |
| 11111   | PLEASE PRINT |                                       |

| I. Name of Lob                     | byist(s) <u>James J. Bia</u>  | nco, Jr.; Adam Schi         | midt; Karen Soucy; Kathy  | Corey Fox                  |
|------------------------------------|---|-----------------------------|---|----------------------------|
| II. Name of lob                    | byist's partnership, fir  | m or corporation, if a      | ny:   |                            |
| <del></del>                        | Bianco Professiona  |                             |   |                            |
|                                    | (Name of partnership, fir   | nn or corporation)          |   |                            |
| 18                                 | Centre Street   | Concord                     | NH  | 03301                      |
| Business Address                   | : (Street)  | (Town/City)                 | (State)   | (Zip Code)                 |
| (603) 225-7                        | 170   | (603) 226-0165              | e-mail attys@bia  | incona com                 |
| (Telepl                            |   | (Fax)                       |   | штоори.оотт                |
| reportable expe                    | ense transactions which   | are not attributable t      |   |                            |
| X All reportab                     | le transactions occurring   | in the months prior to      | the reporting date relative to the                                | following elient:          |
|                                    | American C  | ancer Society Canc          | er Action Network   |                            |
| ΔD                                 | (Full Name of Cli-  | ent as it appears on the Lo | bbyist Registration Form)   | <del></del>                |
| OR . All reportab unrelated to any | le transactions by the lob<br>particular client.                          | obyist (including the lot   | obyist's family), or the lobbying                                 | firm listed below which a  |
| IV. Date of Rep<br>Reports cover:  | oort April 25, 2018 activity from date of regi                            |                             | July 25, 2018 🔊 activity fram 4/1/18 to 6/30/18                   |                            |
|                                    | October 31, 20: activity from 7/1/18                                      | 18 🗆                        | January 30, 2019 activity from 10/1/18 to 12/31/16                | 8                          |
|                                    | cked, complete just this j  |                             | transactions made since the<br>e Secretary of State's Office, Sta |                            |
| VI. Check if ad                    | ditional reports are att  | ached:                      |   |                            |
|                                    |   |                             | ile Addendum A- Fees and Exp                                      | enses                      |
|                                    | paid an honorarium or re  |                             | u must file Addendum B- Repo                                      |                            |
| □ ll you. your                     | firm, or your family has  | made political contribu     | utions, you must lile Addendum                                    | C- Political Contributio   |
| I have read RSA                    | nt/Affirmation by Lobl<br>15, RSA A5-B, RSA 14<br>the best of hy knowleds | -C and RSA 664 and he       | ereby swear or affirm that the fol<br>July 25, 2018               | regoing information is tru |
| (Signature of lo                   | bbyist)   |                             | (Date)  |                            |
| James J. Bia                       | 1/  |                             | (12.110)  |                            |
| (Print Name of                     |   | <del></del>                 |   |                            |

# LEASE PRINT

# STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

| Bianco Professional Association  |   |
|--|---|
| (Name of partnership, firm or corporation)   |   |
| III. Name of Client American Cancer Society Cancer Action Netwo  | ork_Date_07/25/2018   |
| IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:  | t relations, or public relations service<br>oss fee amount reported shall not be  |
| a) Total of all fees received in this reporting period   | a) \$ 10,000  |
| b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)   | b) \$ 10,200<br>ear)  |
| c) Total of all fees received to date (Add lines a and b)  | c) § 20,200   |
| d) Indicate the amount of any such fees that are due, but have not yet been paid   | d) \$ <u>0</u>  |
| V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported. | client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business st than \$10 that is given to the personed with a value of \$25.00 or less); and orting period of greater than \$25.00 four of greater than \$25, purchase of the er than \$25, but not greater than \$50, expense reimbursement, or political |
| a) Total aggregate expenses for this reporting period for salaries, benefits,  | a) \$ 10,000  |
| support staff, and office expenses, related directly or indirectly to lobbying.  |   |
| support staff, and office expenses, related directly or indirectly to lobbying.  b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.   | b) \$ 0<br>c) \$ 0  |

| d) Total expenses for this reporting period (Add lines a, b and c)   | d) \$ 10,000                       |
|--|------------------------------------|
| e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) | e) \$ 10,200                       |
| f) Total of all expenses year to date  | f) \$ 20,200                       |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.   | obbying fees during this reporting |
| Paid to:   | Amount:                            |
|  | \$                                 |
|  | \$                                 |
|  | \$                                 |
|  | \$                                 |
|  | \$                                 |
|  | \$                                 |
|  |                                    |
|  | ••••••                             |
|  |                                    |
| Sworn Statement/Affirmation by Lobbyist  |                                    |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affinistrue and complete to the best of my knowledge and belief.                            | n that the foregoing information   |
|  | 07/25/2018                         |
| (Signature of lobbyist)  | (Date)                             |
| James J. Bianco, Jr.   |                                    |
| (Print Name of lobbyist)   |                                    |

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# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

| Name of Lobbying partnership, firm, or corporation:  | Bianco Professional Association  |
|--|--|
|  | partnership, firm, or corporation and not related to any   |
| particular client): American Cancer Society Can  | cer Action Network   |
| Date of Report (check one):  |  |
| April 25, 2018 🗆 July 25, 2018 🖾 Octo  | ober 31, 2018   January 30, 2019   |
| I have read RSA 15, RSA 15-B, RSA 664, the State the following Addendums submitted with that State submitted): | ement of Income and Expenses described above, and ement (insert the number of Addendum forms being |
| Addendum A(s).   |  |
| Addendum B(s).   |  |
| Addendum C(s).   |  |
| I hereby swear or affirm that the foregoing informat complete to the best of my knowledge and belief.          | ion on the Statement and each Addendum is true and   |
| (Signature of lobbyst)   | July 25, 2018 (Date)   |
| (  | (Date)   |
| Adam Schmidt   |  |
| (Print Name of lobbyist)   |  |

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

| Sworn  | Stater | nent/Affirm | ation  | by L  | Lobbyist |
|--------|--------|-------------|--------|-------|----------|
| Statem | ent of | Income and  | i Expe | enses | for:     |

| Name of Lobbying par                             | tnership, firm, or corpo | oration: Bianco Profess      | ional Association  |
|--|--------------------------|------------------------------|--|
| Name of Client (leave                            | blank if Statement is fo | or the partnership, firm, or | corporation and not related to any                             |
| particular client): Am                           | erican Cancer Socie      | ty Cancer Action Netwo       | rk   |
| Date of Report (check                            | one):                    |                              |  |
| April 25, 2018 🗆                                 | July 25, 2018 🖾          | October 31, 2018 🗆           | January 30, 2019 □   |
|  | ums submitted with th    |                              | nd Expenses described above, and umber of Addendum forms being |
|  |                          |                              |  |
| Addendum B(s                                     | 3).                      |                              |  |
| Addendum C(s                                     | s).                      |                              |  |
| I hereby swear or affire complete to the best of |                          |                              | nt and each Addendum is true and<br>July 25, 2018              |
| (Signature of lobbyist)                          |                          |                              | (Datc)   |
| Karen Soucy                                      |                          |                              |  |
| (Print Name of lobbyis                           | t)                       |                              |  |

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist

(Print Name of lobbyist)

| Statement of Income and Expenses for:  |  |
|--|--|
| Name of Lobbying partnership, firm, or corporat  | ion: Bianco Professional Association   |
| Name of Client (leave blank if Statement is for the  | he partnership, firm, or corporation and not related to any  |
| particular client): American Cancer Society (  | Cancer Action Network  |
| Date of Report (check one):  |  |
| April 25, 2018 ☐ July 25, 2018 ☑ 6   | October 31, 2018   January 30, 2019  |
| I have read RSA 15, RSA 15-B, RSA 664, the 5 the following Addendums submitted with that 5 submitted):   | Statement of Income and Expenses described above, and Statement (insert the number of Addendum forms being |
| Addendum A(s).   |  |
| Addendum B(s).   |  |
| Addendum C(s).   |  |
| I hereby swear or affirm that the foregoing information complete to the best of my knowledge and belief. |  |
| (Signature of Jobbyist)  | July 25, 2018  |
| (Signature of Addoylst)  | (Date)   |
| Kathy Corey Fox  |  |